

Illinois Environmental Protection Agency
Bureau of Land
Remedial Project Management Sect
1021 North Grand Avenue East
Post Office Box 19276
Springfield, Illinois 62794-9276

EPA Region 5 Records Ctr.



352932

FOR ILLINOIS EPA USE:

LOG NO. _____

- ☐ \$500 Advance Partial Payment Included
☐ DRM-2 SRP Form Included
☐ DRM-3 Request for Assessment Included

Site Remediation Program Application and Services Agreement (DRM- 1)

I. Site Identification:

Site Name: Lockformer
Street Address: 711 Ogden Avenue
City: Lisle ZIP Code: 60532-1399
County: DuPage Approximate Size of Site (Acres): 6.4
Illinois Inventory I. D. Number: 0430555004 U.S. EPA I.D. Number: ILD055110929
Site Base Map Attached? Yes: No No: X Illinois EPA Permit(s): _____
LUST/IEMA Incident numbers (if applicable) Not Applicable

II. Remediation Applicant:

Applicant's Name: Mr. Rian Scheel Title: Vice President
Company: The Lockformer Company
Street Address: 711 Ogden Avenue
City: Lisle State: IL ZIP Code: 60532-1399
Phone: 630/964-8000 FEIN or SSN: 36-2078286

I hereby certify that I am authorized to sign this application and services agreement. I certify that the proposed project meets the eligibility criteria set forth in Section 58.1(a)(2) of the Environmental Protection Act (415 ILCS 5/58.1(a)(2)) and regulations promulgated thereunder and that this submittal and all attachments were prepared at my direction. In consideration for the Illinois EPA's agreement to provide (subject to applicable law, available resources, and receipt of the advance partial payment) review and evaluation services for activities carried out pursuant to Title 17 of the Illinois Environmental Protection Act (415 ILCS 5/58-58.12), I agree to:

- (1) Conform with the procedures of Title 17 of the Illinois Environmental Protection Act (415 ILCS 5/58 - 58.12) and implementing regulations;
- (2) Allow for or otherwise arrange site visits or other site evaluation by the Illinois EPA when requested;
- (3) Agree to pay any reasonable costs incurred and documented by the Illinois EPA in providing such services; and
- (4) Make an advance partial payment to the Illinois EPA for such anticipated services provided in Section IV of this application.

As the Remediation Applicant, I understand that I may terminate this services agreement at any time, by notifying the Illinois EPA in writing that services previously requested under the services agreement are no longer wanted. Within 180 days after receipt of the notice, the Illinois EPA shall provide me with a final invoice for services provided until the date of receipt of such notification.

To the best of my knowledge and belief, this request and all attachments are true, accurate and complete. I hereby certify that I have the authority to enter into this agreement.

Remediation Applicant's Signature: _____ Date: 8/18/98

IL 532-2546
LPC 565 May-97



LF 8537

III. Written Permission from the Property Owner (If not Remediation Applicant):Owner's Name: Same as applicant

Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____ Phone: _____

I hereby certify that the Remediation Applicant has my permission to enroll the site identified in Section I of this application into the Illinois EPA Site Remediation Program. I certify that the Remediation Applicant or designated representative has permission to enter upon the indicated premises for the purpose of conducting remedial investigations or remediation.

Owner's Signature: _____ Date: _____

For multiple property owners attach additional sheets containing all the information above along with a signed, dated certification for each.

IV. Advance Partial Payment: not applicable (site was entered under old program)

The Remediation Applicant shall identify which advance partial payment plan is selected:

- ☐ Plan 1: A \$500 advance partial payment is included with this application. Please make the check payable to: "Treasurer, State of Illinois". Please include "Hazardous Waste Fund" and the Remediation Applicant's FEIN or SSN on the check; or
- ☐ Plan 2: Request the Illinois EPA determine the appropriate partial payment (i.e., one-half of the total anticipated costs of the Illinois EPA or \$5,000, whichever sum is less). Information on Form DRM-3 ("Request for Assessment of Advance Partial Payment for Anticipated Services") must accompany this application in order for the Illinois EPA to determine the appropriate advance partial payment specific to the services requested.

NOTE: Illinois EPA cannot refund payments without a legislative appropriation. Payment under Plan 1 accelerates the review process but increases the risk of forfeiting the payment if the applicant is ineligible. Payment under Plan 2 may result in a larger advance partial payment when a final determination is made on the application, but it reduces the risk of forfeiture.

V. Project Objectives:

If known, identify the recognized environmental conditions and related contaminants of concern and whether a comprehensive NFR Letter, a Focused NFR Letter, or a limited release under Section 4(y) of the Environmental Protection Act is being sought:

Volatile organic compounds (VOCs) have reportedly contaminated the soil and groundwater at the subject site. A Focused NFR for VOCs will be sought.

Identify any support services being sought from the Illinois EPA in addition to the review and evaluation services:

None

Anticipated Schedule Attached? Yes: _____ No: X

Identify the current and post-remediation uses of the remediation site: Industrial

If this application contains plans and reports for review and evaluation by the Illinois EPA, Form DRM-2 must also accompany this submittal.

The Illinois EPA is authorized to require this information under Section 415 ILCS 5/58-58.12 of the Environmental Protection Act and regulations promulgated thereunder. Disclosure of this information is required as a condition of participation in the Site Remediation Program. Failure to do so may prevent this form from being processed and could result in your application being rejected. This form has been approved by the Forms Management Center. All information submitted as part of this Application is available to the public except when specifically designated by the Remediation Applicant to be treated confidentially as a trade secret or secret process in accordance with the Illinois Compiled Statutes, Section 7(a) of the Environmental Protection Act, applicable Rules and Regulations of the Illinois Pollution Control Board and applicable Illinois EPA rules and guidelines.

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Site Remediation Program Form (DRM-2)
(To Be Submitted with all Plans and Reports)

I. Site Identification

Site Name: Lockformer
Street Address: 711 Ogden Avenue
City: Lisle Illinois Inventory I. D. Number: 0430555004
IEMA Incident Number: not applicable

II. Remediation Applicant:

Applicant's Name: Mr. Rian Scheel Company: The Lockformer Company
Street Address: 711 Ogden Avenue
City: Lisle State: IL ZIP Code: 60532-1399 Phone: 630/964-8000
I hereby request that the Illinois EPA review and evaluate the attached project documents in accordance with the terms and conditions of the Environmental Protection Act (415 ILCS 5), implementing regulations, and the review and evaluation services agreement.
Remediation Applicant's Signature: [Signature] Date: 8/18/98

III. Contact Person:

Contact's Name: Jeffrey Voelker Company: Carlson Environmental, Inc.
Street Address: 312 West Randolph Street, Suite 300
City: Chicago State: IL ZIP Code: 60606 Phone: 312/346-2140

IV. Review & Evaluation Licensed Professional Engineer ("RELPE"), if applicable:

RELPE's Name: not applicable Company: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____ Phone: _____

All information submitted is available to the public except when specifically designated by the Remediation Applicant to be treated confidentially as a trade secret or secret process in accordance with the Illinois Compiled Statutes, Section 7(a) of the Environmental Protection Act, applicable Rules and Regulations of the Illinois Pollution Control Board and applicable Illinois EPA rules and guidelines. The Illinois EPA is authorized to require this information under Sections 415 ILCS 5/58 - 58.12 of the Environmental Protection Act and regulations promulgated thereunder. Disclosure of this information is required as a condition of participation in the Site Remediation Program. Failure to do so may prevent this form from being processed and could result in your plan(s) or report(s) being rejected. This form has been approved by the Forms Management Center.

V. Project Documents Being Submitted:

Document Title: <u>DRM Forms, STS Reports and</u>	<u>Proposed Investigation</u>
Prepared by: <u>Carlson Environmental, Inc.</u>	Date of Preparation of Plan or Report: <u>August 5, 1998</u>
Prepared for: <u>The Lockformer Company</u>	
Type of Document Submitted:	
<input type="checkbox"/> Site Investigation Report - Comprehensive	<input type="checkbox"/> Sampling Plan
<input type="checkbox"/> Site Investigation Report - Focused	<input type="checkbox"/> Health and Safety Plan
<input type="checkbox"/> Remediation Objectives Report	<input type="checkbox"/> Community Relations Plan
<input type="checkbox"/> Remedial Action Plan	<input type="checkbox"/> Risk Assessment
<input type="checkbox"/> Remedial Action Completion Report	<input type="checkbox"/> Contaminant Fate & Transport Modeling
	<input checked="" type="checkbox"/> Other: <u>DRM Forms, STS Reports, and Proposed Investigation</u>

Document Title: _____	Date of Preparation of Plan or Report: _____
Prepared by: _____	
Prepared for: _____	
Type of Document Submitted:	
<input type="checkbox"/> Site Investigation Report - Comprehensive	<input type="checkbox"/> Sampling Plan
<input type="checkbox"/> Site Investigation Report - Focused	<input type="checkbox"/> Health and Safety Plan
<input type="checkbox"/> Remediation Objectives Report	<input type="checkbox"/> Community Relations Plan
<input type="checkbox"/> Remedial Action Plan	<input type="checkbox"/> Risk Assessment
<input type="checkbox"/> Remedial Action Completion Report	<input type="checkbox"/> Contaminant Fate & Transport Modeling
	<input type="checkbox"/> Other: _____

Document Title: _____	Date of Preparation of Plan or Report: _____
Prepared by: _____	
Prepared for: _____	
Type of Document Submitted:	
<input type="checkbox"/> Site Investigation Report - Comprehensive	<input type="checkbox"/> Sampling Plan
<input type="checkbox"/> Site Investigation Report - Focused	<input type="checkbox"/> Health and Safety Plan
<input type="checkbox"/> Remediation Objectives Report	<input type="checkbox"/> Community Relations Plan
<input type="checkbox"/> Remedial Action Plan	<input type="checkbox"/> Risk Assessment
<input type="checkbox"/> Remedial Action Completion Report	<input type="checkbox"/> Contaminant Fate & Transport Modeling
	<input type="checkbox"/> Other: _____

VI. Professional Engineer's Seal or Stamp:

I attest that all site investigations or remedial activities that are the subject of this plan(s) or report(s) were performed under my direction, and this document and all attachments were prepared under my direction or reviewed by me, and to the best of my knowledge and belief, the work described in the plan and report has been designed or completed in accordance with the Illinois Environmental Protection Act (415 ILCS 5), 35 Ill. Adm. Code 740, and generally accepted engineering practices, and the information presented is accurate and complete.	
Engineer Name: <u>Margaret Karolyi</u>	Professional Engineer's Seal or Stamp: _____
Company: <u>Carlson Env., Inc.</u>	Phone: <u>312/346-2140</u>
Registration Number: <u>062-052454</u>	
Signature: <u>Margaret Karolyi</u>	License Expiration Date: <u>11/30/99</u>